FEC FORM 2

STATEMENT OF CANDIDACY

er.

1. (a) Name of Candidate (in full) Whitehouse, Sheldon, , ,		
(b) Address (number and street) P.O. Box 40280	☐ Check if address changed	2. Candidate's FEC Identification Number S6RI00221
(c) City, State, and ZIP Code Providence, RI 02940		3. Is This Statement ☐ New (N) OR ☑ Amended (A)
4. Party Affiliation DEM	5. Office Sought Senate	6. State & District of Candidate RI

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the ___2018___ election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)

Whitehouse for Senate

(b) Address (number and street)

P.O. Box 40280

(c) City, State, and ZIP Code

Providence, RI 02940

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Rhode Island Victory Fund 2018

(b) Address (number and street)

124 Washington Street Suite 101

(c) City, State, and ZIP Code

Foxboro, MA 02035

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate	Date 4/3/17

Note: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C 437g.

FORM 2S - STATEMENT OF CANDIDACY (SUPPLEMENTAL PAGE)

FEC FORM 2 (REV. 02/2003)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES   [ADDITIONAL]
(Including Joint Fundraising Representatives)   17 APR 11 AM 11: 53

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Rhode Island Pennsylvania Victory Fund

(b) Address (number and street)
918 Pennsylvania Ave, SE

(c) City, State, and ZIP Code

Washington, DC 20003

DESIGNATION OF OTHER AUTHORIZED COMMITTEES   [ADDITIONAL]
(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Senate Victory 2018

(b) Address (number and street)
918 Pennsylvania Ave, SE

(c) City, State, and ZIP Code

Washington, DC 20003

DESIGNATION OF OTHER AUTHORIZED COMMITTEES   [ADDITIONAL]
(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Rhode Island Minnesota Victory Fund

(b) Address (number and street)
918 Pennsylvania Ave, SE

(c) City, State, and ZIP Code

Washington, DC 20003

Faxed

or

Hand Delivered

DANA K. MACCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232

WASHINGTON, DC 20510-7116

PHONE(202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED **4/11/17**
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt   · Postmark

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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

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OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	☐
UPS	_____	☐
DHL	_____	☐
AIRBORNE EXPRESS	_____	☐

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Date of Receipt

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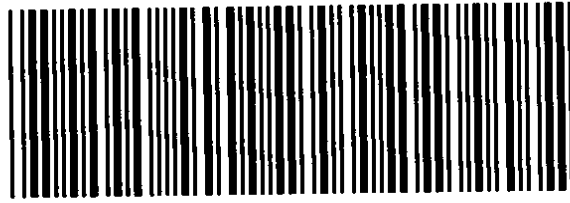Date of Receipt

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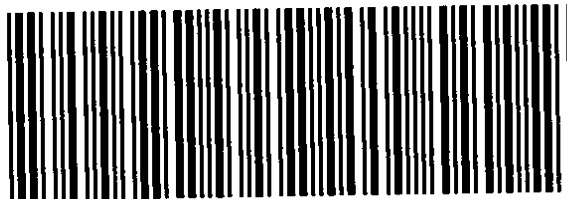Date of Receipt or Postmark

PREPARER **HB** _____ DATE PREPARED **4/11/17** _____

4/04/16

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